Prior Authorization Request
HP Enterprise Services - Nevada Medicaid and Nevada Check Up

Inpatient Mental Health Concurrent Review

Fax to: (866) 480-9903 Questions? Call: (800) 525-2395

REQUEST DATE: _____ /_____ /_____

RECIPIENT INFORMATION	
Recipient Name:	
Recipient ID:	DOB:

FACILITY INFORMATION	
Facility Name:	NPI:
Address *(include city, state, zip)*:	
Phone:	Fax:

CLINICAL INFORMATION	
Number of days requested:	Requested Start Date:
Are you requesting EPSDT referral/services? ☐ Yes ☐ No	This request is for a(n): ☐ Youth ☐ Adult
Date of physician's initial admission assessment:	
Special precautions for this recipient: ☐ SP ☐ Aggression ☐ Elopement ☐ Other:	
Intervals: ☐ q15 ☐ q30 ☐ q 1 hour ☐ Routine ☐ Other:	

Current Medication(s)	**Dosage**	**Start Date**
1.		
2.		
3.		

If applicable, list the most recent lab levels for the above medications:

Use the following lines to describe any changes in the recipient's DSM-IV diagnosis.

Axis I	Code:	Narrative:
	Code:	Narrative:
	Code:	Narrative:
Axis II	Code:	Narrative:
	Code:	Narrative:
Axis III		
Axis IV		
Axis V	Current GAF:	Highest GAF in past 12 months:

Describe the recipient's current mental status:

Describe recipient's participation in groups and activities:

Inpatient Mental Health Concurrent Review

Describe recipient's current treatment plan and goals:
Discuss justification for continued services at this level of care:
Recipient's Estimated Date of Discharge:
Describe the discharge plan for this recipient:

REVIEWER INFORMATION	
Reviewer Name:	Phone:
Professional Title:	Fax:
Reviewer Signature:	**Date:**

HP ENTERPRISE SERVICES USE ONLY	
Approved Procedures:	
Appoved From:	Approved Through:
Denied Procedures:	
Denied From:	Denied Through:
Reviewer Signature:	Date:

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, terms & conditions set forth by the benefit program. The information contained on this form, including attachments, is privileged & confidential & is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify the sender immediately and shall destroy all information received.